SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IPED. DEP. IND. DEP. UID. DEP. DEP. MD. OEP. SED. DEP. . / . 1 ŧ TOTAL PID. TOTAL IND. _1 ... _1 TOTAL 35 TOTAL DEP. TOTAL CLAIMS 1074s 42

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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